

RECORDS SERIES PROFILE
RECORDS RETENTION SCHEDULE
APPLICATION #900112-02

SCHEDULE #: 90-010

EFFECTIVE DATE: 7/13/90

Agency Code: 427-036
Agency: Human Resources

Creating
Office: Administrative Services Division/Support Services

Series
Title/Dates: "Equipment Status Change File," unknown and continuing.

Access: Open
Class: Agency Wide Common

Related To: Request for an equipment status change (i.e: surplus, destruction, theft or loss).

Arrangement: By preprinted consecutive number on form.

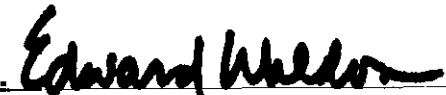
Retention
Requirement: Administrative need three (3) years; audit period two (2) years.

Medium: Paper

Disposition
Instructions: Cut off files at end of each fiscal year as follows:

- 1) Property Management Unit (official record holder): Hold 2 years; then destroy.
- 2) All other organizational entities:
Hold 2 years; then destroy.

This records retention plan gives the State Records Committee approved retention instructions for the named records series by the named creating office.


Edward Weldon
Secretary of State Designee


Date

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST - 221-4976 900112-02

DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES	ARCHIVES AND HISTORY
Application Date 12-18-89	Administrative Services/Support Services 47 Trinity Ave. S.W. Atlanta, Georgia 30334	Application Number <u>90-010</u>
Application Number 89-349-2		Date Received JAN - 9 1990
		Date Completed JUL 13 1990
2. Person to Contact		
Robert O. Francis		Working Title Director, Transportation/Equipment
		Telephone Number 656-0434
3. Action Requested		
a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void		
4. Dates of Series		
Earliest Unknown	Latest 1989	5. Records Series Title (followed by title used in office; if different) Equipment Status Change File
6. Division and Office Function		
What is the function of the Division and the Office in which this record series is created? The Administrative Services Division provides for the program direction and coordination of the specialized functions which support the Department's internal operations and legal environment through the Office of Administrative Appeals, Audits, Child Support Recovery, Financial Services, Fraud & Abuse, Personnel Administration, and Support Services. The Property Management Unit is responsible for developing & maintaining the Property Management System for the Department, in accordance with the requirements of the Office of Health and Human Services & Department of Administrative Services. The Property Man. Unit insures accountability, utilization, maintenance, distribution, and disposition of all Departmental property.		
7. Records Series Description		
This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: See attached proposed schedule. Included are:		
The file is arranged: See attached proposed schedule.		
8. Monthly Reference Rate		
How often are records referred to which are: One to six months old <u>50-60</u> ; Seven to twelve months old <u>40-50</u> ; Thirteen to twenty-four months old <u>20-30</u> ; twenty-five months and older <u>0</u> ?		
9. Annual Rate of Accumulation or Records		
Letter-size drawers <u>1</u> ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____		

X	a. Is this the official copy of the series? If not, where is it?
X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X	c. Is this a vital record?
X	d. Does this series have historical or long term research value?
X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X	f. Is the information contained in this series ever published? If yes, attach copy.
X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? See attached proposed schedule.
X	i. Is this series (or a major portion of it) regularly microfilmed?
X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | 2 _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 3 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

See attached proposed schedule

These instructions apply to all prior and future accumulation of records for this series title.

DHR Approval Signatures		Date	DHR Approval Signatures		Date
Division/Office - Records Coordinator/Alternate			Division/Office - Director/Designee		
<i>Jay A. Blodgett</i>		12-27-89	← SEE LEFT SIDE		
Section/Unit - Chief/Supervisor/Designee			Records Management Unit		
<i>Robert O. Francis</i>		12-27-89	<i>Gerald Doe</i>		1-9-90

90012-02

STATE RECORDS COMMITTEE APPROVALS

Retention recommendations in paragraph 12 are approved - If not approved, please attach a letter of explanation.

	Signature	Date
State Auditor/Designee		
Secretary of State/Designee		
Attorney General/Designee		